

FIG. 1

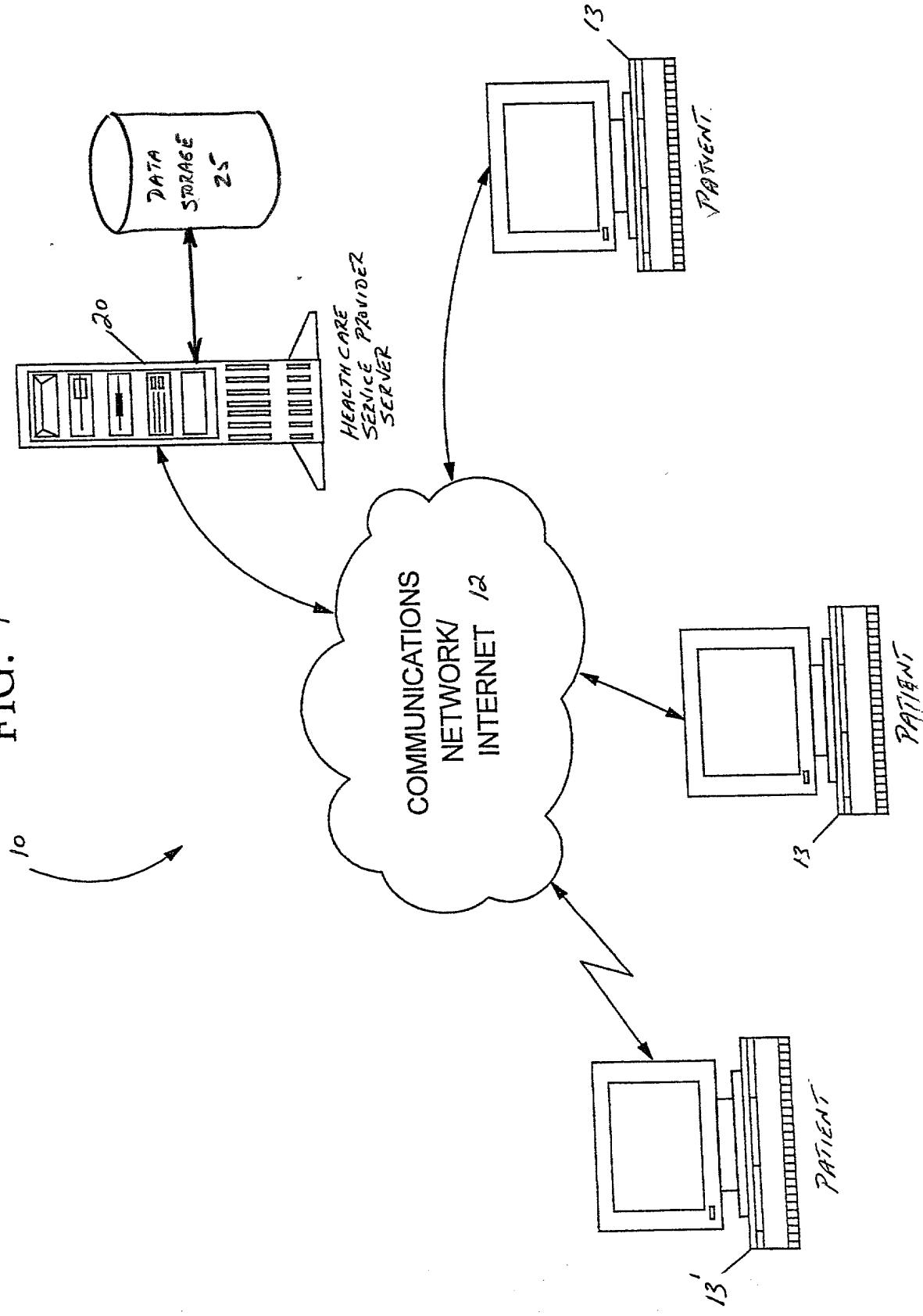
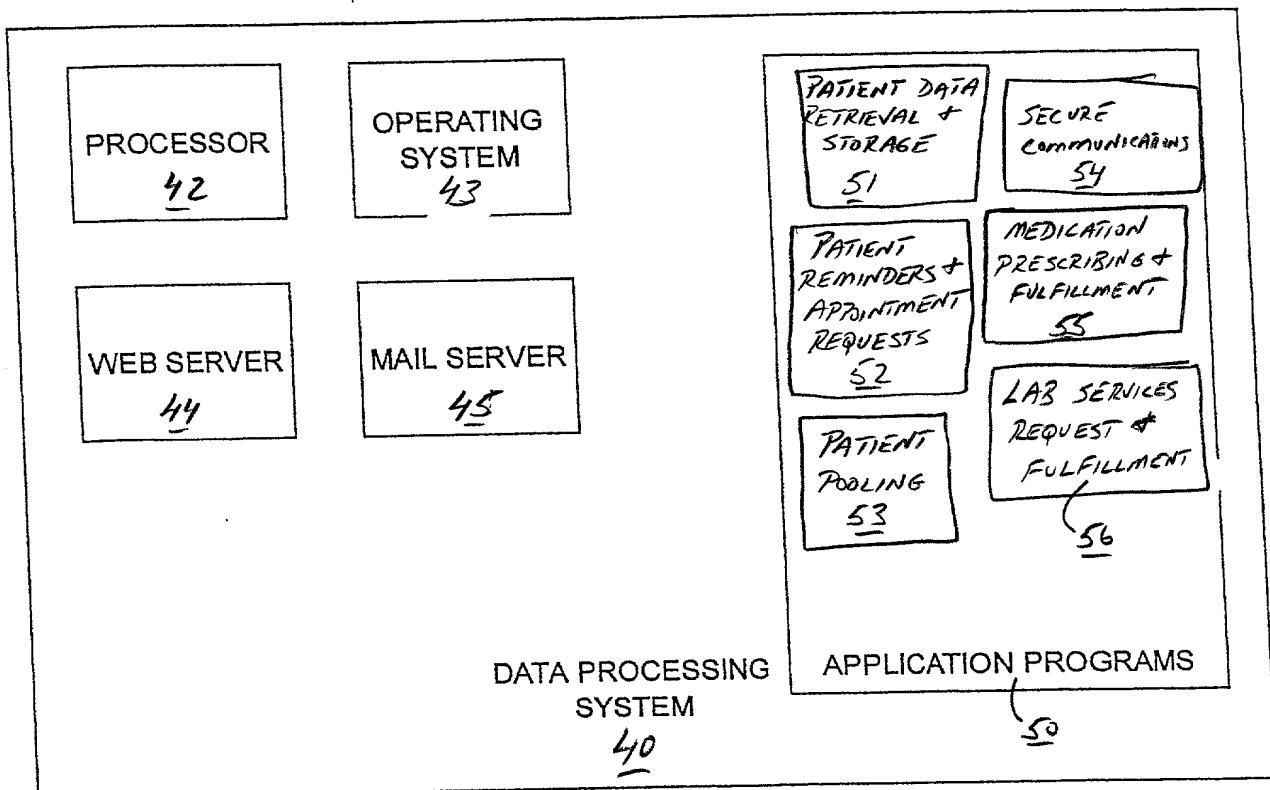
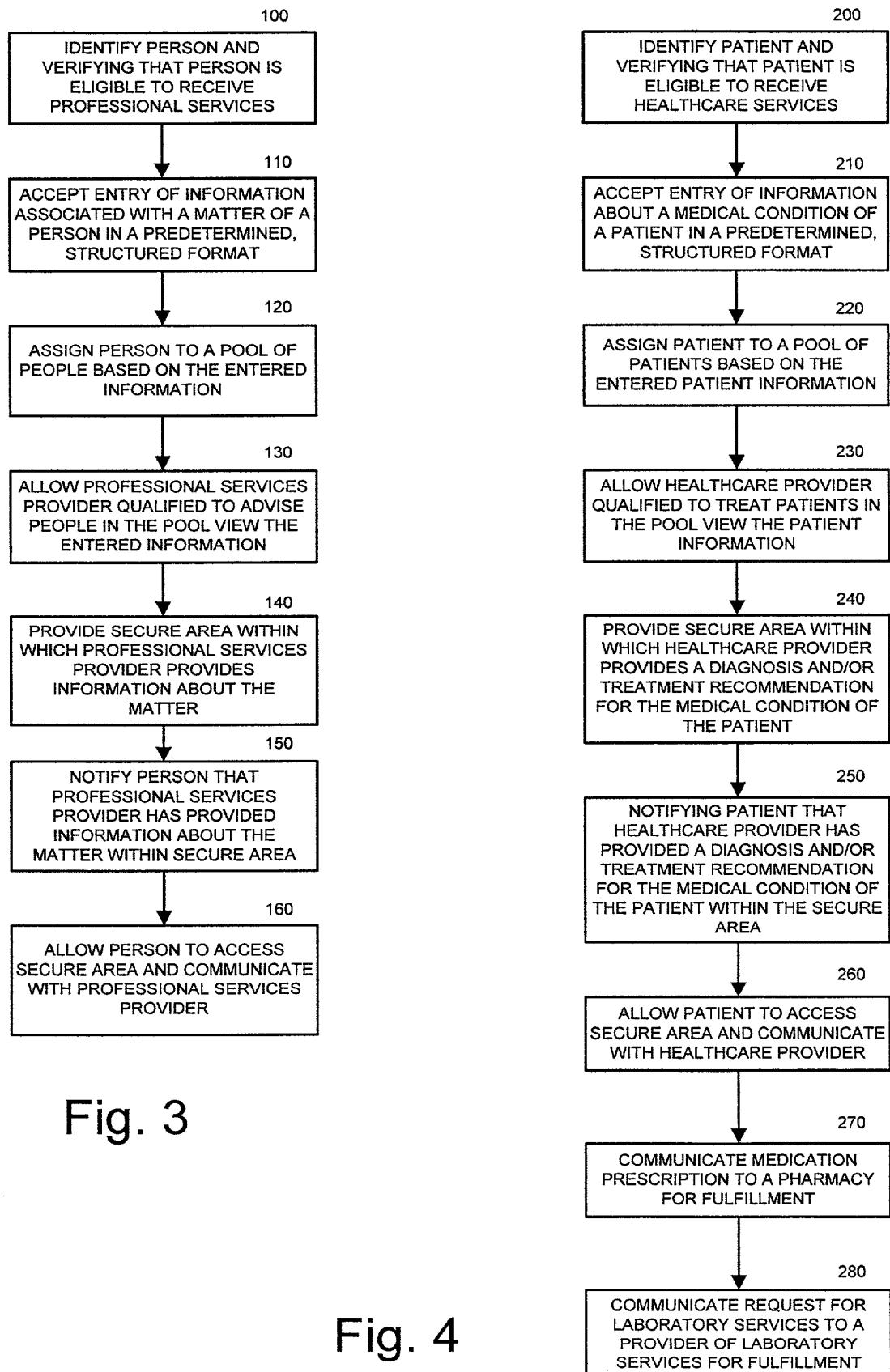


FIG. 2





4000 3000 2000 1000 0

400

Welcome to my online Virtual Office! You can now obtain treatment from me in a secure and confidential online environment. I feel the Internet is an exciting new way to enhance my relationship with you.

Simply click on the Virtual Office Visit button below and fill out the first page to register as my patient. After registering, you will see a list of conditions that I provide treatment for online. Select a condition to begin a visit, or explore our other time-saving tools.

Through this site, I hope to make my healthcare services more accessible to my patients, and thereby improve their health.

Thank you for visiting my Virtual Office! To your good health!

IF YOU HAVE AN EMERGENCY NEED FOR MEDICAL CARE, CALL 911 IMMEDIATELY!

All information on this site is secured through encryption technology, which ensures privacy.

Contact & Virtual Office Visit NOW!

Virtual Office Visits

What is a Virtual Office Visit?

The perfect way to communicate with your doctor. It is Confidential, Convenient, Secure and Delivered by YOUR Top Quality Physician!

By using our time saving Virtual Office Visit tools, you can obtain effective medical treatment for a variety of health conditions affecting your lifestyle. Common conditions include: Nausea, Allergies, Headaches, Smoking, and many other general illnesses in your doctor's field.

Using the Virtual Office Visit tool, you can:

- Start a New Visit - consult with your doctor for any new condition
- Communicate - send and receive confidential messages with your doctor concerning your well-being
- Check your Visit History - go back for previous visits, review previous visits, and print receipts for insurance

Virtual Doctor
Dr. Fernando
Puente's
Website

Your Doctor's Profile:

Name: Fernando R. Puente, M.D.

16-5

Virtual Office Visit™

Start a New Visit

close menu

Start a New Virtual Office Visit



If you have visited us before, please login here:

User Id

Password

501a

501b

Let's Begin Your Virtual Office Visit™!

FAQ

Confidentiality

Security

Contact Info

Doctor Quality

Emergency

Practice Areas

Site Map



Logout

Please complete the following to begin your Virtual Office Visit™ Consu

Please complete the information below. We will verify it on the next screen to ensure your information is complete and accurate. We will then ask you several questions about your health history and the condition for which you are seeking treatment. Our first concern is your safety, so please remember to answer all questions truthfully and accurately.

* Required fields

*First Name

502a

Middle Name

502c

*Last Name

502b

*User Id

 503

Please choose a unique User ID, and we will send you a secure password to you at the email address specified below.

*E-mail Address

 504

*Confirm E-mail Address

*Primary language:

English



505

Have you had a PHYSICAL consultation with this doctor or practice before?

(You must answer this question to continue with your visit.)

Yes No

*Do you want
to receive promotional
E-mails?

Yes No

Continue

Important Security Note: As a registered patient, you will be able to establish your own unique user identification. For added security, we will send a randomly generated password to the email address listed above, thereby confirming your identity. Future correspondence to your user ID will only be directed to your email address. When returning to our site, you must use your unique User ID and random Password to login again. After you login, you may change your password from your Patient Homepage.

500

FIG - 6

Virtual Office Visit™

Start a New Virtual Office Visit

As a patient of Primary Care of the Triangle, you can utilize our Virtual Visit™ to obtain a **Secure, Confidential, and Convenient** consultation with our **Top Quality Physicians**. [Click here for general instructions.](#)

What is your topic for consultation: (choose up to three)

Topic 1: -- Please Select --

Topic 2: -- Please Select --

Topic 3: -- Please Select --

Start a New Visit

close menu

- [FAQ](#)
- [Confidentiality](#)
- [Security](#)
- [Contact Info](#)
- [Doctor Quality](#)
- [Emergency](#)
- [Practice Areas](#)
- [Site Map](#)

Click Here
Our Cond

511a
511b
511c

As the first step in conducting your Virtual Office Visit, please confirm and/or input the following information. From there, the physician will review your history and make a decision. You will receive emails updating you of all progress.

85 Personal Information

*required fields

* First Name

test3434test

* Last Name

paro

M F

* Address Line 1

Address Line 2

* City

* State

-- Please Select --

* Zip

* Country

-- Please Select --

Business Phone

* Home Phone

* E-Mail

gregoryparo@hotmail.com

* E-Mail Confirmation

Please confirm this has been entered correctly!
This will be our primary means of contact with you.

* Date of Birth

 mm/dd/yyyy

continue

510

512

F16-7

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit



The following charges will apply to your Virtual Office Visit™

As part of your Virtual Office Visit™ your physician may prescribe the following medications. If you have a preference, or are already taking these medications, please check the appropriate medications.

Allergic Rhinitis

- Allegra
- Claritin
- Zyrtec

521

Credit card information is for authorization purposes only. You will not be charged until your Virtual Office Visit™ is completed.

Billing Information

Card Holder Name

Card Type

Card Number

Expiration Date

 /

522

Waiver of Liability and Informed Consent to Release Medical Records

I understand and agree that:

• I am using this site because I am a patient or am interested in becoming a patient of a physician featured on this site (My Physician);

• My Physician uses his or her independent



523

Click to continue your Virtual Office Visit

524

FIG- 8A

85 Personal Information***required fields***** First Name** test3434test*** Last Name** paro*** Gender** M*** Address Line 1** 2323 Road**Address Line 2***** City** Raleigh*** State** North Carolina*** Zip** 27610*** Country** United States**Business Phone***** Home Phone** 919-787-7890*** E-Mail** gregoryparo@hotmail.com*** Date of Birth** 06/13/74

525

NOTE:Please confirm you personal information. If this information is incorrect
please update it now.

FIG. 8B

Virtual Office Visit™

Start a New Visit



Start a New Virtual Office Visit

Start a New Visit



get more info here

530

Security Note:

Primary Care of the Triangle respects the privacy of your medical information. All information given to Primary Care of the Triangle is protected, secured and held in complete confidence. [Click here to view our Privacy Policy.](#)



Home



* Required fields

Please respond to each question listed below:

Do you consume more than 2 servings of alcohol per day?

Yes No No Answer

531



Condition Library

Do you use recreational drugs?

Yes No No Answer

If yes then please describe:



FAQs

Do you use tobacco products?

Yes No No Answer

If no, Number of years tobacco free?



Live Help

How many cups of a caffienated beverage do you consume in a average day?



Logout

Vital Statistics

*Height(in inches)

(Hint: 4ft=48in; 5ft=60in; 6ft=72in)

*Weight(in pounds)

Blood Pressure

532

Current Medications

*Please list all prescription medications, non-prescription medications and herbal products or dietary supplements you are currently taking (even if occasionally);

Example: Claritin - 3 months; Alesse - 1 yr.; Tylenol - occasionally

If you are not currently taking any medications, you must enter "none"

F16. 9A

*Known Drug Allergies

If you have no known drug allergies, you must enter "none"

Surgical History

534

*Description of Surgery/Date of Surgery:
If you have not had surgery, you must enter "none"

535

Family Medical History

Has anyone in your family had any of the following medical problems?

Heart Disease?

Yes No No Answer

High Blood Pressure(hypertension)?

Yes No No Answer

Stroke?

Yes No No Answer

High Cholesterol?

Yes No No Answer

Kidney Disease?

Yes No No Answer

Liver Disease?

Yes No No Answer

Asthma?

Yes No No Answer

F16 - 93

Seizure disorder or epilepsy?

Yes No No Answer

Neurologic disorder?

Yes No No Answer

Colon cancer?

Yes No No Answer

Breast cancer?

Yes No No Answer

Lung cancer?

Yes No No Answer

Other cancer?

Yes No No Answer

General Medical History

Do you have or have you had any of the following?

Heart Problems?

Yes No No Answer

536

High Blood Pressure(hypertension)?

Yes No No Answer

Stroke?

Yes No No Answer

Kidney Problems?

Yes No No Answer

Diabetes or high blood sugar?

Yes No No Answer

Diabetes or high blood sugar? Yes No No Answer

Cancer? Yes No No Answer

Liver Problems? Yes No No Answer

Gall Bladder Problems? Yes No No Answer

Stomach or Intestinal Problems? Yes No No Answer

Pulmonary or respiratory problems? Yes No No Answer

Asthma? Yes No No Answer

Musculoskeletal problems? Yes No No Answer

Thyroid or endocrine disorder? Yes No No Answer

Allergic disorder? Yes No No Answer

Epilepsy or seizure disorder? Yes No No Answer

Blood clots or phlebitis? Yes No No Answer

Genital disorder? Yes No No Answer

Neurological problems? Yes No No Answer

Psychiatric problem? Yes No No Answer

Frequent Headaches? Yes No No Answer

Significant trauma? Yes No No Answer

Skin problems? Yes No No Answer

Other chronic problems? Yes No No Answer

*Are you being treated for
any medical conditions at this time?

Yes No No Answer

*If yes then please describe:

FIG-9C

FIG. 9Cⁿ CONT.

*Have you been examined by a healthcare provider within the last 12 months? Yes No No Answer

reference: Harrison's General Principles of Medicine

Update General Medical History

Virtual Office Visit™

[Start a New Virtual Office Visit](#)

[Start a New Visit](#)



[get more info here](#)



Specific Men's Impotence Questions

* Answer Required



***Do you feel you have adequate interest in sex?**

Yes No



***How long have you felt sexually dysfunctional?**



***Do you have a problem achieving or maintaining an erection sufficient for sexual intercourse?**

Yes No



***During intercourse, do you find it difficult to maintain your erection after you have entered your partner?**

Yes No



***Do you feel your penis is crooked?**

Yes No



***Have you ever had problems with an erection lasting too long?**

Yes No

FIG- 10/A

***Have you used a method or treatment for erectile dysfunction in the past?**

Yes No

***Describe the method or treatment you used for erectile dysfunction.**

If none, please type "None". If you are on Viagra now, please state here with dose that was effective.

Please describe anything else in your sexual history that would help your

Please describe anything else in your sexual history that would help your doctor understand your problem:

***Are you taking any antidepressants?**

Yes No

***Are you taking any antibiotics?**

Yes No

***Are you taking any oral antifungal medications?**

Yes No

***Do you have a bleeding disorder?**

Yes No

FK- 10B

***Are you or have you been treated for an ulcer?**

Yes No

***Have you ever been told you have or had congestive heart failure?**

Yes No

***Have you ever been told you have angina or other heart conditions?**

Yes No

***Do you take any medications to lower your blood pressure?**

Yes No

***Have you ever been told that you have decreased or abnormal kidney function?**

Yes No

***Do you understand what a nitroglycerin or a nitrate is?**

Yes No

If you do not understand what a nitrate is, please [click here](#).

***Do you understand that taking Viagra while you are on a nitrate can cause your blood pressure to drop to a potentially fatal level?**

Yes No

***Do you take any medication classified as a nitrate in any form?**

Yes No

continue

10B Cont.
=====

Virtual Office Visit™

Start a New Visit



[Start a New Virtual Office Visit](#)



[get more info here](#)

You have successfully completed your Virtual Office Visit!!

550



The following steps will occur to ensure a convenient and confidential consultation:



Home



Condition Library



Fees & Pricing



Live Help



Logout

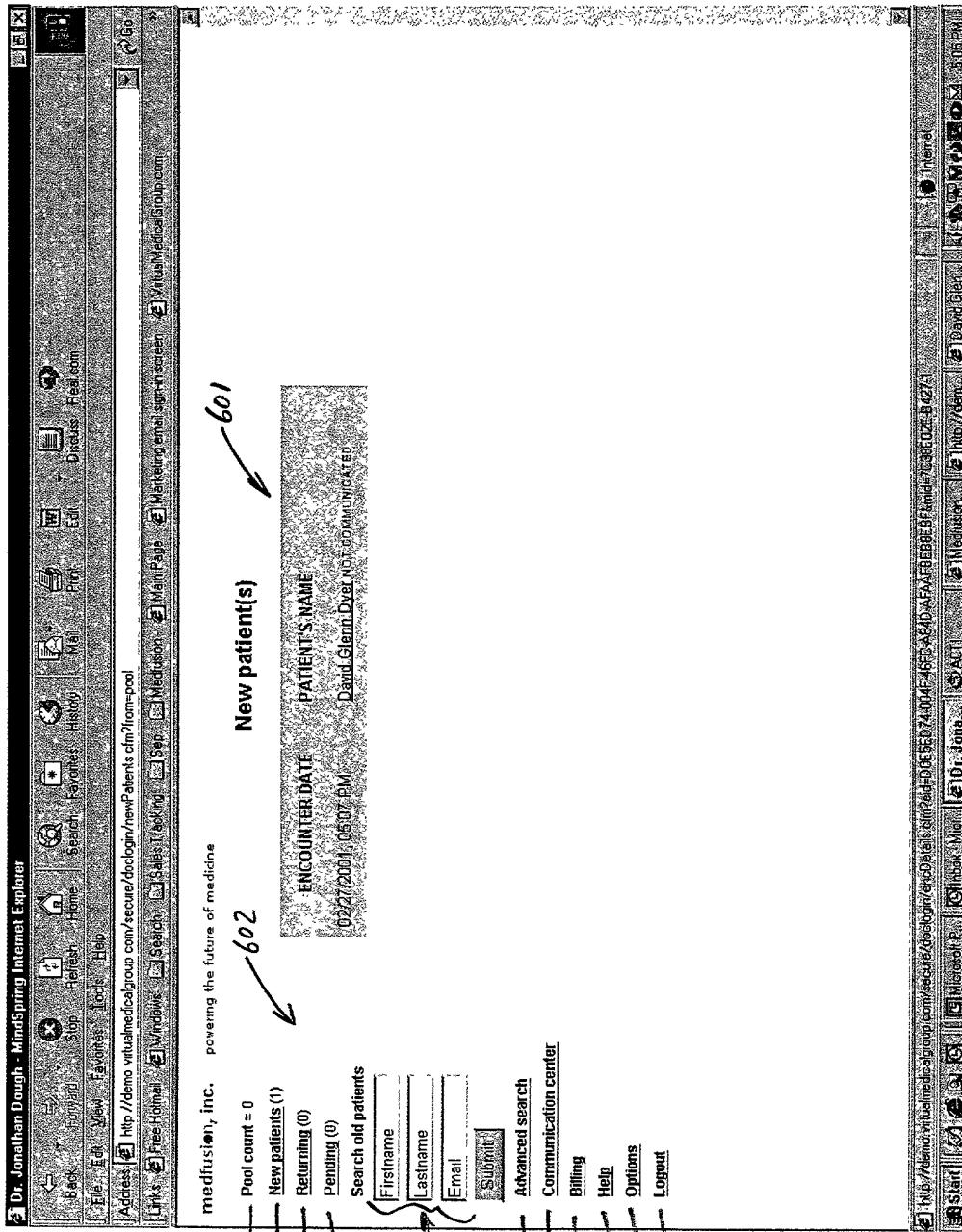
1. Upon completion of your first Virtual Office visit, an email confirming the username you chose and a randomly generated password will be sent to the address you listed here. Keep your username and password in a safe place because you will need it to access your information and to communicate with your physician. Remember, you can change this password at any time by simply logging onto this site and clicking '*Change your password.*'
(Important Note: If you do not receive a confirmation email within 6 hours, contact Patient Services immediately at 800-200-5202)
2. Dr. Primary Care of the Triangle will then review your medical history and provide a Treatment Plan specific to your condition(s). In some cases, your physician may have additional questions concerning your medical history before determining the appropriate treatment.
3. Whether a Treatment Plan has been provided or additional information is required, you will receive an email asking you to visit this site to securely view every communication from your physician.
4. Once a Treatment Plan is decided upon by Dr. Primary Care of the Triangle, you will simply return to **moye.medfusion.net**, logon and click on the "Communicate" tab, view your most recent communication, and follow the "Click here to fill my prescription" link. You may then have your prescription called-in to your local pharmacy, or have it shipped directly to your door by 1stOnlinePharmacy.com.

Your Virtual Office Visit is *that* simple! If you have any questions, or are not sure how to proceed, our dedicated Patient Services representatives are available Monday through Friday from 9 am to 8 pm, Eastern time. You may also contact us via email, if you have any further questions about Primary Care of the Triangle or about your Virtual Office Visit.



[Click here for a printer friendly version](#)

F16- 11



Dr. Fernando Puente, Communication center - MediSpring Internet Explorer

Back Forward Stop Refresh Home Search Favorites Help Print E-mail Discuss Revision

Address: https://www.medfusion.net/secure/doclogin/commlnindex.cfm
 Links: File Home Help Windows Search Help Status Tracking Help Medication Main Page Marketing Information Center Virtual Faxes Group Chat

medfusion, inc. powering the future of medicine

Communication center

Pool count = 0

New patients (1) Returning (0) Pending (0) Search old patients Firstname Lastname Email

Filters New messages Drafts All (addressed to the physician) Search by patient (all communications)

Communicated, Prescribed, Changed, Advised
 Date From Subject
 No messages in this section

Advanced search Communication center Billing
 Help Options Logout

File Home Help Windows Search Help Status Tracking Help Medication Main Page Marketing Information Center Virtual Faxes Group Chat

600
F/16.13

605

602a
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“I am not going to tell you what to do,” he said. “I am not going to tell you how to live your life.”

Dr. Jonathan Dough - Encounter details - MindSpring Internet Explorer	
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Fig. 148

610

 Dr. Jonathan Dought - Take action - MindingSpring Internet Explorer	
<p>Back Forward Stop Refresh Home Search Favorites Help</p> <p>File Edit View Favorites Tools Help</p> <p>Address <input type="text" value="http://demo.virtualmedicalgroup.com/secure/do/login/LogoutAction.cfm?ieid=7A7B4C3C-8925-4E28-AD11-C773468157A&md=7C308E02-E427-11D4-8572-00902707AB85"/> [Go]</p> <p>Links Email [?] Windows [?] Mac OS X [?] Linux [?] Search [?] Sales Tracking [?] Sep. [?] Medfusion [?] Men Page [?] Main Page [?] MindingSpring Internet Explorer [?] MindingSpring.com</p>	
<p>medfusion, inc. Powering the future of medicine</p> <p>PATIENT PROFILE Basic Family History Health History</p> <p>COMMUNICATE MAKE NOTES TAKE ACTION</p>	
<p>David Glenn Dyer (Hair Loss)</p> <p>TAKE ACTION</p>	
<p>Age: 39 Sex: M Height: 70 (in) Weight: 205 (lbs) State: North Carolina</p>	
<p>Consult #1 <i>David Glenn Dyer is seeking treatment for Hair Loss</i></p>	
<p>TAKE ACTION ← 6/14</p>	
<p>Choose consult status <input type="checkbox"/></p> <p>Choose consult status <input type="checkbox"/></p> <p>Prescribe, send and communicate <input type="checkbox"/></p> <p>Provide advice (Medical contraindication from history) <input type="checkbox"/></p> <p>Provide advice (Does not meet FDA prescribing guidelines) <input type="checkbox"/></p> <p>Provide advice (Allergic to medicine or has cross sensitivity with an ingredient) <input type="checkbox"/></p> <p>Provide advice (Unable to establish patient/doctor relationship) <input type="checkbox"/></p> <p>Communicate only <input type="checkbox"/></p> <p>Do not charge and communicate <input type="checkbox"/></p>	

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Dr. Jonathan Dough - Encounter details - Mindingsoft Internet Explorer

[Logout](#) [Help](#)

Address: <http://demo.virtualmedicagroup.com/secure/doctologin/fencDecation.cfm>

Links: [Free Home](#) [Windows](#) [Search](#) [Skills Tracking](#) [See](#) [Medisision](#) [Main Page](#) [Marketing Email Distribution](#) [VirtualMedicagroup.com](#)

metfusion, inc. Powering the future of medicine. [HOME](#) [LOGOUT](#) [FAQ](#) [CONTACT US](#)

PATIENT: [Basic](#) [Family](#) [General](#) [History](#) [Medicine](#) [Nursing](#) [Physical Exam](#) [Treatment](#) [Specialties](#) [Chart](#)

David Glenn Dyer
(Hair Loss)

Age: 39 Sex: M Height: 70 (in) Weight: 205 (lbs) State: North Carolina

COMMUNICATE [TAKE ACTION](#)

David Glenn Dyer sought treatment for Hair Loss

Drugs available for this condition [Propecia](#) [Take 1 tablet everyday](#)

Strength	Route	Quantity	Refills
10 mg	P.O.	180	0 <input type="checkbox"/> C <input checked="" type="checkbox"/>
10 mg	P.O.	90	1 <input type="checkbox"/> C <input checked="" type="checkbox"/>
10 mg	P.O.	60	2 <input type="checkbox"/> C <input checked="" type="checkbox"/>
10 mg	P.O.	30	5 <input type="checkbox"/> C <input checked="" type="checkbox"/>

Continuing care required What's this?

If you wish to write a general Rx for this encounter in addition to the one above, enter the text in this area.

620

F/G - 15A

621

618

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Dr. Jonathan Dough - Encounter details - MindSpring Internet Explorer

File	Edit	View	Devotees	Tools	Help
Address	http://demo.virtualmedicalgroup.com/secure/doLogin/consultUpdate.cfm				
Links	<input type="button" value="Free Home!"/>	<input type="button" value="Windows"/>	<input type="button" value="Search"/>	<input type="button" value="Patient Tracking"/>	<input type="button" value="Soc. Sec."/>
				<input type="button" value="Medication"/>	<input type="button" value="Main Page"/>
				<input type="button" value="Marketing and Information Center"/>	<input type="button" value="VirtualMedicalGroup.com"/>

Diagnostic code - description
7049 - hair loss

Pharmacy dispensing information
 Generic substitution permitted Dispense as written

Messages

choose

insert into choose
propecia

COMMENT(s)
Continuing care
To:
Pc Change medication

To:
Subject: propecia

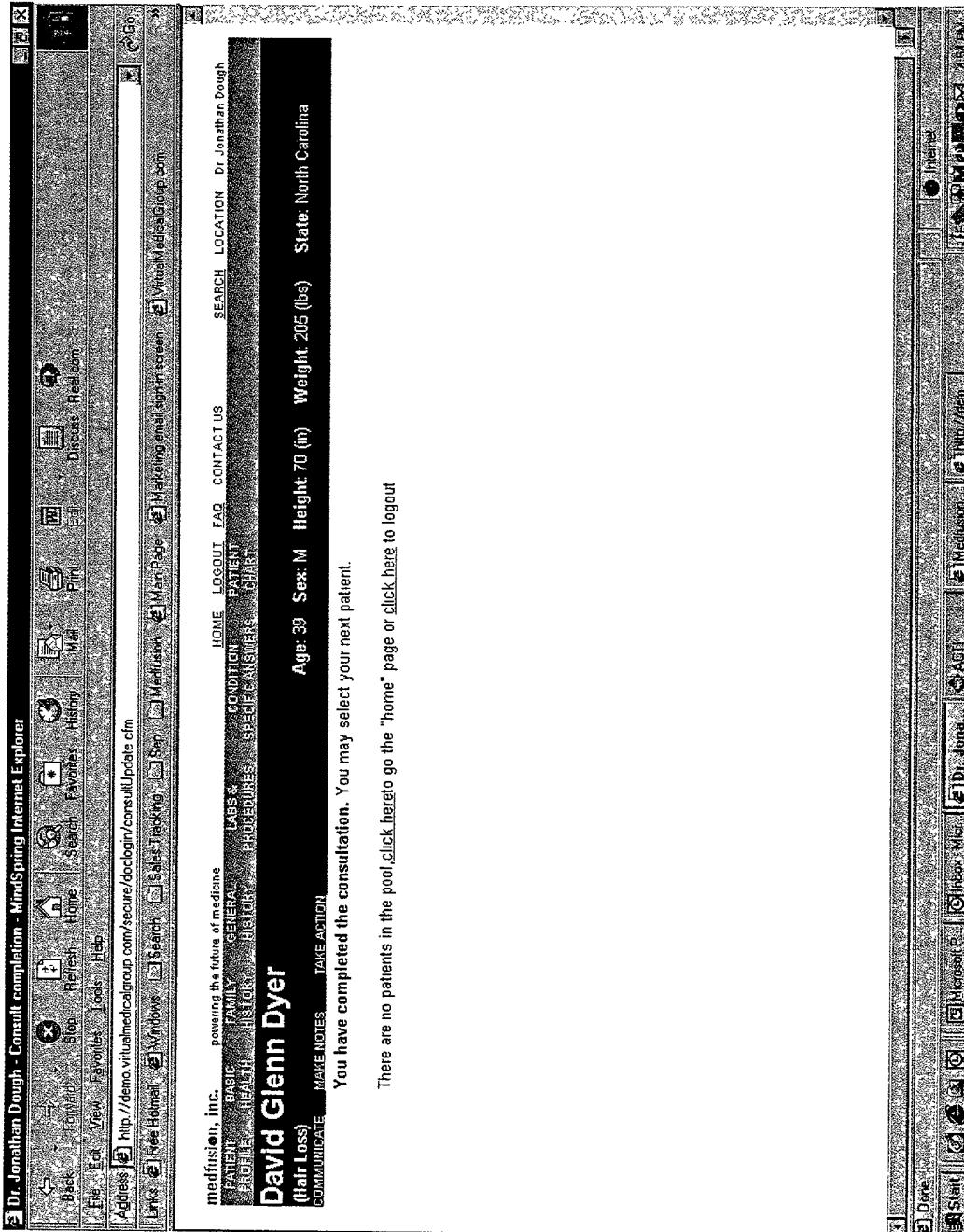
* required

Your request for Propecia has been approved. Please remember that although it starts to work immediately, you may not see any changes for 3 months. Read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

Process and communicate

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Please read immediately - Message [Plain text]	
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View	Dear
Forms	Tools
Actions	Help
New	Open
Save	Print
Send	Copy
Delete	Find
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<p>Address: <input type="text" value="http://demo.virtualmedicalgroup.com/secure/Member/login/login.cfm?CID=101&test=communication"/> Links: <input type="button" value="Free Home!"/> <input type="button" value="Windows!"/> <input type="button" value="Email!"/></p> <p>File Edit View Favorites Tools Help</p> <p>Back Forward Stop Refresh Home Search Favorites Help Mail Print Options Print</p>	
<p>Welcome to the Virtual Office of Acme Dermatology Associates, P.A.</p> <p>Login Register</p> <p>Medical Records Smart Patient Start a New Visit Communicate</p>	
<p>To use our patient services, we request that you take a moment to register. After you complete your registration, we will email you a unique User ID and Password which you may customize as soon as you login. This extra bit of security was designed to ensure that your confidential information is not compromised.</p>	
<p>If you are already a registered patient, please login here:</p>	
User Id	<input type="text" value="david"/>
Password	<input type="password"/>
<p>CLICK HERE TO LOGIN!</p>	
<p>Forgot Password?</p>	
<p><input type="checkbox"/> Click here to have your password emailed to you!</p>	
<p>powered by medfusion copyright © 2000</p>	
<p>Disclaimer & legal notes</p>	
<p><input type="checkbox"/> Home <input type="checkbox"/> About Us <input type="checkbox"/> Contact Us <input type="checkbox"/> Privacy Policy <input type="checkbox"/> Terms and Conditions <input type="checkbox"/> Disclaimer <input type="checkbox"/> Guest Book <input type="checkbox"/> Feedback <input type="checkbox"/> Help <input type="checkbox"/> Log Out</p>	

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The screenshot shows a web browser window with the URL http://demo.virtualmedicalgroup.com/secure/Patients/comm_center/index.cfm?CFID=1088&CTOKEN=2078.
The page title is "MindSpring Internet Explorer".
The main content area displays a "Virtual Office Visit" interface with the heading "Communicate with your Physician". It includes a "Start a New Visit" button and a "Convenient" link.
Below this, a message reads: "Welcome to the Acne Dermatology Associates, P.A. communication center".
A "View Your Consultation Messages" link is present.
On the left, there's a sidebar with icons for "Home", "Medical Record", "Smart Patient", and "FAQs".
At the bottom, a "Message Summaries" table lists one message:

Date	From	Subject
2/27/2001	Dr. Jonathan Dough	Proprietary

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<p>http://demo.virtualmedicalgroup.com/secure/Patients/comm_center/view_msg.cfm?m_id=F46B6610C1FB0D</p> <p>File Edit View Favorites Tools Help</p> <p>Address: <input type="text" value="http://demo.virtualmedicalgroup.com/secure/Patients/comm_center/view_msg.cfm?m_id=F46B6610C1FB0D&msg_id=12345790&from=msg_3"/></p> <p>Link Free Email Windows Search Sales Tracking See Medisolve Main Page WalkInEmail Senior Center VirtualVisit@VirtualMedicalGroup.com</p>	
<p>Virtual Office Visit™</p> <p>Communicate With Your Physician</p> <p>Start a New Visit Communicate get more info here</p> <p>Click Here for Previous Screen</p> <hr/> <p>From: Dr Jonathan K Dough To: patient Subject: propecia</p> <p>Your request for Propecia has been approved. Please remember that although it starts to work immediately, you may not see any changes for 3 months. Read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.</p> <p>View all messages sent to this encounter</p> <hr/> <p>Create a Response Communication</p> <p>To <input type="text"/> Physician <input checked="" type="checkbox"/></p> <p>Subject (This is required)</p> <p>Message</p> <p>Communicate <input type="checkbox"/> Save as draft <input type="checkbox"/></p> <p><input type="checkbox"/> Done <input type="checkbox"/> Start <input type="checkbox"/> Print <input type="checkbox"/> Refresh <input type="checkbox"/> Help <input type="checkbox"/> Peadiat <input type="checkbox"/> ACT <input type="checkbox"/> Tools <input type="checkbox"/> Medical Record <input type="checkbox"/> Smart Patient <input type="checkbox"/> FAs <input type="checkbox"/> Home</p>	

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Virtual Office Visit™

Communicate with Your Physician

From: Dr. Rowena G Sobczak
Subject: approve valtrex

Your request for Valtrex has been approved. Even while taking this medication, you can still spread the Herpes virus, so it is important to take precautions. Please read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

View all messages for this inbound

Create a Response Communication

To [Physician]
Subject _____
Message _____

CLOCK HERE to fill your prescription

Virtual medicalgroup

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Virtual Office Visit Send a New Visit Communicate Report History Faxes

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PATIENT REPORT

Patient	Marboro Man
Visit Date	20-Jul-00
Complaint	Herpes
Diagnosis	Prescribed medication
Rx Details	
Drug prescribed	Valtrex
Quantity	15
Strength	1000.0 mg
Route	P O
Refills	5
Take 1/2 tablet every day	
Generic substitution permitted	
You have 0 unread messages regarding this encounter	

[View this consult responses](#)

[PRINT INVOICE](#)

Treatment plan

Please select one of the following pharmacy options

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- Immediately fill my prescription through <http://www.1stonlinepharmacy.com>. Pharmacy and shipping charges will apply. Your medication will be shipped immediately.
- Call in my prescription to my pharmacy (Pricing is not set by VirtualMedicalGroup.com or 1stOnlinePharmacy.com)
[Click here](#)

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Thank you for visiting my Virtual Office provided by VirtualMedicalGroup.com. I have been practicing in the field of hair replacement and cosmetic surgery for over a decade in Ohio, Pennsylvania, and North Carolina. I am also currently opening an office in the Atlanta metro area. In all of my practices, I strive to provide patients with clinical expertise and knowledge gained through thousands of consultations for hair replacement surgery. Combined with my experience in cosmetic enhancement, I think you will find this site a valuable tool in determining what treatment will be best for you.

If you are an existing patient with a user id and password please click here
If you are a new patient please continue below.

Please enter a username, and we will create an encrypted password that will be e-mailed to you.
(Example: jsmith_john_smith_j_smith)

*Username

*First Name

*Last Name

Middle Name

*Address 1

Address 2

*City

*State

*Country

*Zip Code

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23A

* Zip Code	27608
*Home Phone	919-781-4792
Work Phone	919-659-3201
*E-Mail	ddyer@medicalweb.com
*Confirm E-Mail	ddyer@medicalweb.com
<p>Would you like us to call with your appointment confirmation?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
* Date of Birth	09/15/61
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Social Security No.	
Employer	
Employer Address	
Spouse Name (if Applicable)	
Guarantor (if child)	
<p>*I would like to see you</p> <p>*Appointment day needed</p>	
<p>Next week</p> <p>Mondays <input checked="" type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/></p>	
<p>*Appointment Time Needed (Example: Morning, Afternoon, 8 am - 12 pm, 3 pm - 5 pm)</p>	
<p>hair restoration consult <input type="checkbox"/></p>	
<p>* Reason for Visit</p>	
<p>Referred By</p>	
<input type="checkbox"/> Same Information <input type="checkbox"/> Staff Over	

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F-16 - 24A

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Choose Appointment Status	
Request: <input checked="" type="radio"/>	Approved: <input checked="" type="radio"/> Recchedule: <input type="radio"/> Hold: <input type="radio"/>
From <input type="button" value="Back"/> <input type="button" value="Forward"/> Stop Refresh Home Search Favorites History Mail Print Discuss Read.com	<input type="button" value="Address: https://www.virtualmedicalgroup.com/secure/ars/appointment_list.cfm"/> <input type="button" value="Links: https://www.virtualmedicalgroup.com/secure/ars/appointment_list.cfm"/> <input type="button" value="File: Email"/> <input type="button" value="Windows"/> <input type="button" value="Search"/> <input type="button" value="Sales Training"/> <input type="button" value="WIC Demo"/> <input type="button" value="Main Page"/> <input type="button" value="Make and email appointment"/> <input type="button" value="Unsubscribe"/> <input type="button" value="VirtualMedicalGroup.com"/>
<input type="button" value="SUBMIT"/>	

Appointment requests for DrGrantKohler.com

Patient Appointments			
Name	Request date/time	Reason	Address
Michael Craig	Next week on Monday, Wednesday morning.	hair restoration	919-751-4792 Raleigh, North Carolina 27608 United States
Vikram Natarajan	Next week on Monday, Wednesday, Friday morning.	hair restoration	919-754-6666 Durham, North Carolina 27705 United States

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Patient Information	
Name:	Michael Craig
Address:	123 Elm Street Raleigh, North Carolina 27608 United States
Home Phone Number:	919-781-4792
Work Phone Number:	919-669-3201
Wants phone confirmation?	Yes
E-Mail Address:	cdyer@medicalweb.com
Date of Birth:	15-Sep-61
Gender:	M
Preferred day(s):	Next week on Monday, Wednesday
Preferred time:	morning
Appointment Reason:	hair restoration
Appointment Status:	Hold

Communications

Date	From	To	Subject	Status
10-Oct-00	Administrator	patient	Appt. Request Response	Read

Message:
We have reserved your appt for next Wednesday 10/18/00 @ 9:00 - please confirm that you can make this time and we will approve your request for this appointment slot TY.
Dr. Koher Admin.

Communication Information

Date	From	To	Subject	Status
10-Oct-00	Administrator	patient	Appt. Request Response	Read